



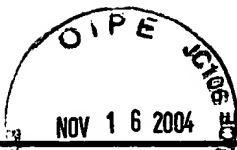
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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	09/887,157	
	Filing Date	June 21, 2001	
	First Named Inventor	Eng-Whatt Toh	
	Group Art Unit Number	2134	
	Examiner Name	Thomas M. Ho	
Total Number of Pages in This Submission	2	Attorney Docket Number	20735-05217

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.:	Michael W. Farn, Reg. No. 41,015
Dated:	Nov. 12, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.	
Signature:	
Typed or Printed Name:	Michael W. Farn
Dated:	Nov. 12, 2004
Express Mail Mailing Number (optional):	



**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/887,157
Filing Date	June 21, 2001
First Named Inventor	Eng-Whatt Toh
Group Art Unit	2134
Examiner Name	Thomas M. Ho
Attorney Docket Number	20735-05217

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Robert N. Blackmon Merek, Blackmore & Voorhees, LLC				
Address	673 S. Washington St.				
Address					
City	Alexandria	State	VA	Zip	22314
Country	USA				
Telephone	(703) 674-5633	Fax	(703) 684-5637		

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☐ the attorneys/agents associated with Customer Number 00758
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Michael W. Earn
Signature	
Date	Nov. 12, 2004

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.